

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09783185
APPLICANT(S)

FILING DATE
02/22/01

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3							53					
4		1					54					
5							55					
6		1					56					
7							57					
8		1					58					
9							59					
10		1					60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16							66					
17							67					
18							68					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6											
TOTAL DEP.	9											
TOTAL CLAIMS	15											